



Mutual Aid-UPMC-CEM Paramedic Training Consortium 2020-2021 Paramedic Program

Thank you for showing interest in the Mutual Aid-UPMC-CEM Paramedic Training Consortium. Enclosed is the application for the 2020-2021 class, **PLEASE READ THIS ENTIRE APPLICATION CAREFULLY**. Due to the competitive nature of the application process **any omitted information may cause your application to be disqualified**. Along with the completed application you **MUST** enclose the following documents:

Current EMT-B Card Current CPR Card High School Diploma/GED
All Required Documents as Listed on Page 6

ALL APPLICANTS MUST BE 18 YEARS OF AGE BY THE FIRST NIGHT OF CLASS

The program is scheduled to begin on **September 8th, 2020 at 6pm** in the Mutual Aid Training Center at 561-563 West Otterman Street, Greensburg. Classes will be held two (2) days a week on **Tuesday evenings (in class and online) and Thursdays (in class and online) during the day**. If you are accepted to the program a **\$500.00 deposit is required by the first night of class** for textbooks, class uniforms and materials. **NO EXCEPTIONS**.

Accepted candidates will be notified by the Program Director, and will be expected to be in class the first night. This program will follow the National EMS Education Standards with the program goal **“To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without an exit point at the Paramedic level.”**

Please complete this application and return it to Brian Kosczuk, Program Director at 561 W. Otterman St., Greensburg, PA 15601 no later than **August 3rd, 2020**. If you have any questions please contact Director Kosczuk at 724.837.6134 x 108 or via email at bkosczuk@mutual-aid.com

Mutual Aid-UPMC-CEM Paramedic Training Consortium is accredited by the Commission on Allied Health Education Programs (CAAHEP) by the recommendation of The Committee on Accreditation of Educational Program for the Emergency Medical Services Professions (CoAEMSP.)

To contact CAAHEP:
1361 Park Street
Clearwater, Fl. 33756
(727) 210-2350
www.caahep.com

To contact CoAEMSP:
8301 Lakeview Parkway Suite 111-312
Rowlett, Tx 75088
(214) 703-8445
www.coaemsp.org



Mutual Aid-UPMC-CEM Paramedic Training Consortium 2020-2021 Paramedic Program

A. Personal Data (PRINT CLEARLY)

Name (Last)		(First)			
Address		(City)	(State)	(Zip)	(County)
Primary Phone #	Email		Date of Birth	Age	
EMT-B Cert #	EMT-B Expiration Date		Total # Years in EMS		

Circle Your Highest Level of Education: High School/GED Some College Bachelor's Degree Graduate Degree

Do you have a learning or physical disability that will require special accommodations during this program Yes / No

If Yes, Please Explain: _____

B. EMS Background (PRINT CLEARLY)

Are You Currently Employed by a Licensed EMS Agency? Yes / No (If No, then leave the rest of section C blank)

Name of EMS Agency		How Long With This Agency: Months/Years
Contact Person/Immediate Supervisor	Contact Phone # & Email	

Please List 3 References Familiar with your work in EMS

Name	Position/Title	Email



**Mutual Aid-UPMC-CEM
Paramedic Training Consortium
Paramedic Program**

C. List All EMS Courses that You Have Completed

(EFR, EMT-B, HAZ Mat, Incident Command, etc.)

D. List Any other Public Safety Certifications You Have

(Fire, Police, Etc. Include Any Instructor Certifications)



Mutual Aid-UPMC-CEM Paramedic Training Consortium Paramedic Program

E. Letter of Intent (PRINT CLEARLY)

Please Explain Why You Want to Be in this Program

I hereby certify and affirm that all of the information within this document is true and accurate to the best of my knowledge:

Signature _____ Date _____

Office Use Only Point Total _____ / 19



Mutual Aid-UPMC-CEM Paramedic Training Consortium 2020-2021 Paramedic Program

F. Financial Responsibility Statement

This document outlines the costs and financial responsibilities of students attending the 2020-2021 Mutual Aid, UPMC, CEM Paramedic Training Consortia Paramedic Program.

The total tuition for the 2020-2021 program will be..... **\$6,000.00**

A **\$500.00** deposit is due by the first night of class. If you do not make the deposit by the first night of class you will be excused from the program. **THERE ARE NO EXCEPTIONS.**

Tuition includes, but not limited to an iPad, program textbooks, online quiz and exam programs, Fisdap clinical tracking, class uniforms, personal liability insurance, Accreditation fees, lab fees and NRP written exam voucher.

If you provide a deposit prior to the first night of class, and are unable to attend the program and must withdraw, that deposit will be refunded to you.

Once a deposit is made and you attend the first night of class, the deposit at that point becomes **non-refundable**.

The balance of the tuition must be paid in full before students are permitted to take their NREMT exam. If the tuition is not paid in full by that time, you may be dismissed from the program. Mutual Aid employees have the option to enroll in a payroll deduction program.

After the first night of class, no payments or tuition arrangements can be made during class time or with/through instructors, coordinators or administrators of the paramedic class. All further tuition transactions must be made through the Mutual Aid Ambulance Service, Inc. Business office located in the main building on West Otterman Street or at 724-837-6134 ext. 200

By affixing your signature below you affirm that you have read the above statement regarding the initial deposit and tuition expectations that accompany this paramedic program and you agree to the terms of the required deposit as stated.

Student Name (PRINT)

Signature Date



Mutual Aid-UPMC-CEM Paramedic Training Consortium Paramedic Program

G. Required Documents

In addition to this application the following documents must also be provided:

Submitted WITH the application . Any application submitted that is missing any or all of the required documents will not be considered for acceptance to the program. **NO EXCEPTIONS.**

- High School Diploma/GED Certificate
- Current PA EMT-B Card
- Current AHA CPR Card

Submitted by October, 2020:

- Complete Immunization Record
Immunization must include: TB (PPD Test), MMR Tetanus within past 10 years, Hepatitis B (Required) Hepatitis A (recommended), Varicella, Tetanus, Diphtheria & Pertussis
- Proof of current flu vaccine
- Urine drug test (10 panel)
- Completed physical form (attached with application)

***Have you ever had a positive TB Test ? Y ? N** If Yes you must provide current (within 1 year) TB Negative test.

- Pa Criminal Background Clearance (See pg.7)
- Pa Child Abuse Clearance (See pg.7)



Mutual Aid-UPMC-CEM Paramedic Training Consortium Paramedic Program

H. Criminal Background and Child Abuse Clearances

All Students must provide a criminal background check and child abuse clearances. This is the responsibility of the student to complete and the associated costs **ARE NOT** part of the tuition. The background checks can take time to complete, therefore it is a good practice to begin the process now. Completion of the background checks does not guarantee acceptance to the program, and there is no reimbursement for the background check fees provided by this program. Below are the websites that you may find the information on obtaining your background check. If you already have background checks completed, and they are less than 1 year old, you can submit those with your application. The failure to complete and/or negative information appearing on the background checks will disqualify you from the program.

PA Criminal Background: <https://epatch.state.pa.us>

ChildLine: www.dhs.pa.gov Search CY113 form



Mutual Aid-UPMC-CEM Paramedic Training Consortium

Student Physical Exam Form

Student Name: _____ Date: _____

I certify that I have examined the above named individual and he/she is physically capable of all the necessary skills and activities required to be a Paramedic student as defined by the Pennsylvania Department of Health's Function Job Description of the Emergency Medical Technician-Paramedic.

Health Care Provider: Name: _____

Health Care Provider: Signature: _____



Mutual Aid-UPMC-CEM Paramedic Training Consortium Paramedic Program

Point System Reference Chart

Please do not apply the points to your application, this page is provided as a guide for the student to further their understanding of the Point Based application process.

Points	Criterion
1 to 3	BLS Experience > 3 years = 3, 1-3 years =2, < 1 year = 1
1	Previous or current VFD, Police or Military Experience
1 to 4	Education H.S. Diploma/ GED = 1, Some College Credits = 2, Bachelor's or Associates Degree = 3 Graduate = 4
3	Currently Employed by Class Sponsor
1 to 2	Resides within Westmoreland County = 2 Resides outside of Westmoreland County = 1
1	Instructor Status AHA/CPR/First Aid = 1, PA DOH EMT Instructor= 2
1	Assist the ALS Provider class
1	EVOC
1	Haz-Mat Operations
1	National Incident Management System (NIMS)
1	Basic Vehicle Rescue